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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US04/08980 03/24/2004
 which claims benefit of 60/457,158 03/24/2003

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
 05/23/2006

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No		OH	25	54	4

ADDRESS

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TITLE

SPINAL IMPLANT ADJUSTMENT DEVICE

FILING FEE RECEIVED 1654	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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